



LAGUNA COLLEGE OF ART+DESIGN

Residence Life

Overnight Guest Request

Resident: _____

Bldg./Room: _____ Phone #: _____

Full name of guest: _____

Guest's Home Address: _____

Guest's Phone #: _____

Date of Visit: _____ to _____ Total # of Days: _____

Approx. Arrival Time: _____

Approx. Departure Time: _____

- ☐ ***This form must be submitted to your RM 24 hours prior to your guest(s) arrival. Submitting this form does not guarantee guest privileges.***
- ☐ ***Validation of this form requires the signature of the resident whom the guest will be visiting, the roommate(s) occupying the room, and the RM of the building.***

By signing this form you agree to, and understand that you are responsible for the behavior of your guest(s) and you will follow all procedures.

Student's Signature: _____ Date: _____

I have discussed the overnight guest policy with my roommate and agree to the visit of the above listed guest for the dates indicated.

Roommate's Signature: _____ Date: _____

RM Name (print): _____

RM Signature: _____ Date: _____

Approved

Not Approved